CHAPTER SEVEN

BOUND TO THE DUAL-SEX/GENDER SYSTEM[1]: (TRANS) GENDERING AND BODY MODIFICATION AS NARCISSISTIC SELF-REGARD

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Introduction

Transsexualism (also known as Gender Identity Disorder (GID), Transgenderism[2], and Gender Dysphoria (GD)) represents a desire to live and be accepted as a member of another sex, usually accompanied by a sense of discomfort with one's anatomic sex and a wish to have hormonal treatment and surgery to make one's body as congruent as possible with the preferred sex. Within some sexological literature, genital reconstructive surgery is implicitly and explicitly emphasised as the most important factor and end point in the construction of a happy and satisfied Transsexual[3] identity (Benjamin, 1966). A consequence of this

[1] I am using the sex/gender concept to highlight the relationship between sexed bodies and gendered expressions of masculinity and femininity that are often conflated in the narratives of Transsexuals.

[2] The term Transgender is widely used now as an umbrella term, which may included a variety of people whose non-conforming gender identity positions defy the binary sex/gender system. Transgender has to do with living and understanding oneself outside of the current systems of gender. These can include Transvestite, cross-dressers, Transsexuals, drag queens, butches etc. Within my research and small sample of 24 transpeople from which this chapter is derived there is evidence that the Transgender label sits antagonistically with most of the respondents that were interviewed. The respondents explicitly requested to be know as either male or female or transmen or transwomen respectively.

[3] I have capitalised Transsexual/Transvestite/Transgender throughout this chapter to indicate the pathologisation inherent in the sexological nomenclatures.

concentration is that Transsexuals are constantly equated with genital surgery, which has implications for Transsexual authenticity or 'true Transsexualism' as opposed to Transvestism (Benjamin, 1966), socially, in the clinician's office (May, 2002), Transgender studies (Roen, 2001), and Transgender politics (Califia, 1997). Furthermore, and probably more importantly for this chapter, the equation of genitals and surgery assumes pathology, at least in the eyes of the psychologists who are gatekeepers to the process of transitioning from female to male and vice versa.

The Transsexual experience, where the body is situated in conflict with gender identity, does not have the same socio-psychological and political implications as for example, transformative surgeries about "race" or age. The doctors, according to Wilton are,

> happy to take Michael Jackson's money for repeated plastic surgeries to make his appearance less "black" [without a] diagnosis of "transracialism" for white people trapped in black bodies. Similarly, although they will cut, inject, staple, peel and burn you to help you appear younger; there is no theory of the aetiology of "transaegism" to explain how such a young person came to be wrongfully imprisoned in an old person's body. Gender seems to be the only paradigm of difference within which the "self" is authoritatively permitted to be at odds with the "body". (Wilton, 2000: 242)

Wilton argues that the desire to change gender attributes through aesthetic surgery is the only signifier of identity that endorses pathology from the medical authorities. In this chapter I will show that body modifications, whether permanent or temporary, are a well thought out and rational reflexive process, which are similar to the reflections that women reported while considering and undergoing aesthetic surgery in Kathy Davies (1994) empirical study.

Nevertheless, this reflexive process occurs within individual and cultural discourses of masculinity and femininity. My particular aim is to decentre the notion that changing bodily appearances through aesthetic, surgical or hormonal interventions are pathological narcissistic processes, which always see narcissism as a negative force. I will however, incorporate a reconstituted reading of narcissism as a concept to explicate the possible reasons why body modifications by way of hormones, surgery are desired processes for the Transsexual. In doing so, my interest is not with applying (oedipalised) psychoanalysis but to engage theoretically

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However, I have left transmen/man, transwomen/man and transpeople un-capitalised because most of the respondents referred to themselves in this way, suggesting their own subjective management.

with the notion of narcissism to argue against the pathologisation of the Transsexual subject and to add to our understanding of the psychosocial complexities of trans-gendering.

Freud (1927) suggests that the ego is first and foremost a bodily ego. A person's body is the preliminary place where perceptions are formulated within the psyche. Leaning on this notion, I aim to integrate narcissism and the psychoanalytic phenomenology of Eric Erikson (1950) to provide an understanding of embodiment and bodily aesthetics in which Transsexuality is re-produced positively and understood in non-pathological terms. It is possible to explicate the processes that transpeople[4] encounter and experience through a reworked concept of narcissism, from the initial and ongoing realisation that their bodies do not fit securely with their ego as well as the realisation that their expressions of masculinity or femininity neither fit with personal nor contextual cultural demands. I begin with illustrating the pervasiveness of the dual-sex gender system within sexological literature, particularly the work of Stoller (1975, 1985), which cascades down into society at large with force. Thus, forcing and augmenting notions of masculinity and femininity as binary opposites within our psyche. Following this, I will provide an overview of how narcissism has been used theoretically and then offer a reconstituted concept of narcissism to understand some Transsexual processes in relation to body modifications and trans-gendering.

The (Trans) Body in a Two-Sex/Gender System

Since the late 1970s and 1980s Stoller (1975, 1985) and other sexologists have utilised psychoanalysis in therapeutic sessions with Transsexuals in order to establish the reasons for a person's gender identity disorder (Flemming & Nathans, 1979). Stoller was by far the most influential psychoanalysts who remains often referenced by the main experts in the field of Transsexualism, such as John Money (1995) Some of the less well known theorists use Stoller's work as evidence for their own paradigm which holds that sex realignment surgery is unnecessary and could be avoided if therapy was offered instead (Rekers & Varni, 1977).

Stoller's (1975) theory, however, is highly controversial. In a marked turn away from Freud's theory, Stoller suggests that femininity is the "natural" disposition rather than masculinity and it is masculinity that is harder to attain. His theory assumes traumatic "family dynamics" in that if

[4] I will use the terms transperson/people, transmen (female to male) and transwomen (male to female) and Transsexual interchangeably.

a male child has too much contact with the mother's psyche and physical body and too little time is spent with the father, the boy will fail to accomplish masculinity. By contrast the female situation: too much time spent with the father and too little with the mother will create "family dynamics" that will encourage masculinity in girls. Given the Western pattern of childrearing, all children would be able to identify more with the mother and thus, attain femininity more easily. Furthermore, this theory does not take account of other cultural factors such as stories, representations, peers, other family members and wider social factors that influence and create dynamics that may contribute to a person's embodiment of masculinity or femininity. More importantly, however, male and female sexed bodies are regarded as having an inherently coherent relationship to masculinity and femininity in "normal" people. Bodies are (medically) ascribed a male or female sex on the basis of a "medical gaze" which is based on the morphology of the genitals. From this vantage point it is assumed they will have diametrically opposed masculine and feminine traits and, thus, gender identities. Accordingly, those who feel to be feminine with a male body or masculine with a female body are regarded as *gender dysphoric* rather than *body dysmorphic*, for instance.

Nevertheless, masculinity and femininity are not as fixed in Stoller's view as they were in Freud's (1905/1975). Similar to John Money's (Money & Ehrhardt, 1972) theories of gender identity and gender role, Stoller (1985) suggests that masculinity and femininity are a set of beliefs of the individual and not an "unquestionable fact". We all live with psychosocial belief systems that enable us to articulate what constitutes a man and a woman on a stereotypical level, and to judge whether others and our own masculinity and femininity are appropriate. The belief systems are a mixture of many elements such as assumptions about appropriate sex roles, characteristics of the self, personality attributes and cognitive abilities, physique and physical appearance, styles of speech, body movement, and sexual behaviour and so on. They are based on how we measure up this internal ideal (in psychoanalytic parlance the "superego"). Because of these belief systems, Stoller thinks that *Gender Identity Disorder* in children (and presumably in adults, too) can be averted by changing their belief system and thus avert them from becoming adult Transsexuals. Through "curative" psychotherapeutic encouragement boys and girls are said to be able to modify behaviours from a *Gender Dysphoric* state into a personally acceptable state (1985). However, I agree with Myra Hird (2003) who suggests in her article *A Typical Gender Identity Conference? Some Disturbing Reports from the*

Therapeutic Front Lines, children usually have no psychological or cognitive problems that can be ascertained by tests or therapy. Children rarely have problems with their performative expressions of gender, and it is usually the parents, peers and doctors who have problems with "feminine" behaviour in males and "masculine" behaviour in females. This is not to say that some of these children are not unhappy but as Kitzinger (1997: 72) argues: "these forms of unhappiness are not instances of individual pathology. They are perfectly reasonable responses to [gender and] sexual oppression". This view implies that the profound conflicts experienced by the child are based on outside pressures, societal pressures and familial pressures prior to them attending the Gender Identity Clinic (GIC). Issay (1997) argues that it is not the "feminine" or "masculine" behavioural traits of children that are problematic but usually the parental reproaches. In addition, I would suggest that social and medical reproaches aimed at modifying this behaviour is that which deleteriously affects the child's or adult's self-regard. If people believe they are acting inappropriately for their gender then they feel that they must in fact be the other gender and start to embrace it.

This can also be related to adult Transsexuals whose belief systems may be more "advanced" or even more ingrained but no less important to their sense of self and the society in which they live. Society prescribes certain aspects of masculinity and femininity which act both as a restraint and a comfort as long as its ideals are "correctly" accomplished and produced. Bodies that convey "incorrect" expressions of masculinity or femininity can encounter violence or reprimand (Butler, 2004) so that it can be argued that transpeople who are working out what is best for their ego just the same as anyone else tries to work out their ego stability through the process of aligning their belief system with outside notions of masculinity and femininity and their bodily representations.

Authors in the field of gender dysphoria have stated that psychotherapy has made little difference to the outcome of adult Transsexuals' *Gender Dysphoria* (Benjamin, 1971; Pauly, 1981). Therefore the emphasis by these authors is not placed primarily on the psyche with the intent to change the psychic positioning of the ego. Accordingly, to the sociologist Brian Tully (1992) it does not matter what the Transsexual personal history is and he contends that Transsexuals reach strong and successful adult cross-gender status as long as they have the "resourcefulness" required. The Transgender literature widely reports that Transsexuals employ various avenues in order to research trans-gendering resources such as self-help groups, literature and so on (see for example Hausman, 1995). Following on from this research by the Transsexual hormonal and

technological procedures are utilised by Transsexuals in order to be more aesthetically congruent with their sense of self, in relation to their "masculine" or "feminine" characteristics respectively and their integral belief systems. As Milton Diamond suggests

> [Transsexuals] solve their problems of reconciling, their disparate sexual identity and gender identity, by saying, in essence, "don't change my mind; change my body. (Diamond, 2000: 50)

Moreover, cross-gender status comes about not because of the label medically ascribed - a theoretical error that positions Transsexuals as dupes to the medical field (Chiland, 2005; Raymond, 1980) - but because of the strong and persistent desire to transform the body and cross-sex (Tully, 1992). It is often stated that the Transsexual will incorporate/adopt the medical discourse to secure treatment (Hausman, 1995). Yet historical work on Transsexualism reveals that the demands for surgical or hormonal interventions predates surgical availability and medical etiology (Meyerowitz, 2002). This is because it is not a proven condition in the sense of a medico-pathological condition but relies on initial self-diagnosis in adult Transsexuals due to the imbalance between the ego, body image and cultural demands. C. Jacob Hale, a transman and academic, suggests that he never felt like the sexological definition of what it was to be Transsexual and genital surgery was never an issue for him. He contends that what helped him most was to stop asking what he was etiologically speaking and to rationally ask "what [bodily] changes do I need to make to be a happier person?" (cited in Cromwell, 1999).

Griggs (1998) suggests that genital surgery, although important to some Transsexuals in relation to self-esteem, is not always a necessary intervention to live happily in their preferred gender. Social acceptance by others through gender recognition is enough for some Transsexuals which can allow a space in which to negotiate their bodies through discursive strategies, especially with intimate partners but also more generally in society. Furthermore, it is gender attribution and recognition by others and the comfortable fit into a societal role that has marked significance for the Transsexual subject (Griggs 1998). Transsexual subjectivities are therefore self-reflective, intersubjective and interrelational. As Jay Prosser, in his book *Second Skins* asserts:

> In the case of transsexuality there are substantive features that its trajectory often seeks out […] not only between sexed materiality and gendered identification but also assimilation, belonging in the body and in the world. (Prosser, 1998: 59)

Assimilation of bounded gender identity or belief system of the transperson, the morphology of the body that is a part of that belief system and the culturally bound ascription of masculine and feminine bodies are embraced to form a coherent livable body.

While most Transsexuals believe in a binary system of sex/gender - or at least accept the binary as an entry point into a dual sex/gender system in order to expand upon and create appearances related to (sex) differences (Lorber, 1994; Wilton, 2000) - bodily morphology is individually constructed through body modification practices and manifested in various ways. These manifestations are dependent on variables such as "race", class, sexuality, medical opportunities and interventions, limits of the body, financial concerns, length of transition and histories, all of which Transsexuals usually reflect upon for a considerable time. Thus, the bodies of transpeople are not uniform and the aesthetics of trans-bodies are produced, interpreted and negotiated along with a collection of "lived-through correspondences" (Merleau-Ponty, 1962/2002).

So far I suggest that Stoller, the prominent expert applying psychoanalytic theory to Transsexualism, has dealt with Transsexual embodiment with restraint. While he goes some way in theorising masculinity and femininity amenably to contemporary gender theory, as sets of belief systems, he begins with the assumption that belief systems are based on the oedipal drama and always promote a "normal" person which renders those who "fail" *gender dysphoric*. Stoller further makes the mistake that the Transsexual personality is universal and that it is purely about genitalia. This paradigm falls short not only because of the lack of focus on aspects of body dysmorphia in relation to Transsexualism but also by not taking into account other psychosomatic aspects that may shed more light on the understandings of other practitioners' theories working with Transsexuals. Those practitioners' theories, who suggest that the psyche is not the problem but that the desired alignment of the body to the psyche and gender recognition from society is more appropriate , I propose in the next section, can be understood by a reformulation of the concept of narcissism.

Reconstituting Narcissism

The term narcissism was first used by the British sexologist Havelock Ellis (1927) in the late 19th century who reviewed the mythological figure Narcissus at length. Ellis suggested that someone who had a personality type akin to Narcissus was a narcissist and consequently a kind of sexual

pervert. The perversion was similar to Freud's early expression of narcissism as a

> person who treats his own body in the same way in which the body of a sexual object is ordinarily treated-who looks at it, that is to say, strokes it and fondles it till he obtains complete satisfaction through these activities. (Freud, 1957: 72)

According to Freud, the narcissistic period of development can be when the boundaries between self and objects are not clearly distinct which could leave open the age span to incorporate the very young to immature adults. Narcissistic people consequently either exclude an object choice and refocus their libidinal energy upon the self or choose an object choice that resembles them. The assumption is that our libidinal drive to love an object outside of ourselves is "normal" and when that process is disrupted, either through immaturity or self obsession and the object love concentration is on the self, it becomes pathological.

In addition to this description Ellis - surprisingly perhaps because of his doubts surrounding the usefulness of psychoanalysis - outlined the psychoanalytic expansion of the term narcissism as behaviour which does not have to be overtly sexual (Pulver, 1986). This analysis was aimed at the so-called tendencies of women who absorb, or loose, their sexual sensations in self-admiration (Ellis, 1927) which was meant to convey a sense of negativity. Theorists such as Rank (1911) added to the perception of female narcissism as negative by suggesting that women who love their own bodies were applying "normal feminine vanity." However, this concept of narcissism was deployed in the context of a defence mechanism, as loving one's body was a response against men who could not love them and who lacked the ability to understand their beauty and value. These theories were influential in attaching certain "feminine" superficialities to the concept of narcissism in Western society.

Freud's (1905/1975) first reference to narcissism in a footnote in the *Three Essays* is in relation to the libidinal development of inverts. For Freud (1905/1975), inversion is a semi-natural occurrence which results, however, from "normal" inherent bisexuality at the pre-oedipal stage. According to Freud, inversion only persists into adulthood if the person fails to negotiate the oedipal drama successfully. In other words, correct development is achieved through appropriate feminine and masculine oedipal attachments with the subject's mother and father respectively and their subsequent separation from primary (sexual) object choice. Through this separation, if all is well, the child will develop into either an individuated (separated from and identified with the mother) girl with

feminine characteristics and individuated (separated from mother and identified with father) boy with masculine characteristics. As the invert's sexual object choice is similar to him or her he or she is regarded as narcissistic. The notion of narcissism is equated alongside with other forms of pathology such as sadism, masochism, exhibitionism, vanity and self-admiration, thereby firmly locating it in the eclectic field of pathologies.

Freud abstracted two types of narcissism, primary and secondary. Primary narcissism was defined as the "libidinal investment of the self" prior to investment in outside objects. Thus, it can be seen as a primeval attempt to construct the ego based purely on the life drive's love of the self. This is in line with Freud's notion that the object is not necessarily something extraneous in the *Three Essays* but that it may equally be a part of the subject's own body. Secondary narcissism occurs at a stage after this primary investment when the libidinal investment in objects is recoiled due to unpleasurable consequences resulting in a reinvestment of the self, again suggesting that appropriate development is only valuable through the love of outside objects. This suggests two things: firstly, there is no fixed stage at which these investments may occur; instead they can in fact occur throughout the life-span dependent on the life-drive's capacity to continue. In addition, these occurrences may come and go giving the impression that narcissism in not fixed within the psyche - we do not have a continuous narcissistic personality - but that it is a fluid and opportunistic mechanism. More importantly though in this conceptualisation is that unpleasurable psychic "injuries" refocus consciousness back on the self and provoke a re-evaluation of the self. If we are to believe Freud, we need to remember his understanding that the

> ego is split between two extremes: a psychical interior, which requires continual stabilization, and a corporeal exterior, which remains labile [and] open to many meanings. (Grosz, 1994: 43)

The ego, body and meanings must thus be co-dependent. All the aspects of narcissism that I have highlighted so far have been situated within pathology and are guided by culture's demands of the symbolic order of femininity and masculinity - what we could now refer to as heteronormativity (Warner, 1993).

The early association of pathology with narcissism has done enduring harm to a concept, especially in lay terms. Judith Butler (1993) asks why does this have to be the case? This was also a problem for Freud because in Freud's later words he states that "we must recognize that self-regard has a special intimate dependence on narcissistic libido" (cited in Pulver,

1986: 103). I understand Freud to mean that narcissism is an effect of a drive that enables the individual to achieve self-regard and thus self-esteem through the building up of a stable ego. Although a minor theme in Freud's writing *On Narcissism* the association with self-esteem has become a significant current meaning and we can find it often in the psychoanalytic literature used as a synonym for self-esteem (Cooper, 1986). Freud makes this shift from pathology to a normal developmental path clear himself when he states that:

> [n]arcissism then in the sense of self-esteem *would not be a perversion* but the libidinal *complement* to the egoism of the instinct of self preservation. (Freud, 1991: 73f emphasis added)

Put more succinctly "a libidinal investment of the self" (1991).

Other psychoanalysts have been more assertive and have varying views regarding narcissism. The psychoanalyst Kohut (1986) believes that the interest in oneself, in terms of body image and psychic successes-the mastery required by the ego-is a natural phase of early development. Nonetheless, current psychoanalytic discussions underscore narcissism as a universal and healthy attribute of personality which is perceived to be disordered under particular circumstances (Rose, 2002). The notion of disordered narcissism assumes the opposition of positive and negative characteristics which are empirically and culturally idealistic. It could be argued that these culturally idealistic characteristics contribute to the power of the ego-ideal, which embodies boundaries and identifications that are part of gendered social structures. Some recent work on narcissism makes a distinction between "overt narcissism" and "covert narcissism". Paul Rose (2002), for instance, a psychologist at the State University of New York, suggests that "overt narcissism" is beneficial to the individual whereas "covert narcissism" has psychological costs to the individual. Earlier analysis of these distinctions only emphasise "negative" characteristics such as a grandiose sense of self and arrogance for the "overt narcissist," or having a feeling of profound inferiority and hypersensitivity for the "covert narcissist " (Gabbard, 1989). However, Rose (2002) suggests that "overt narcissism" correlates positively with high self-esteem and negatively with anxiety and depression whereas "covert narcissism" correlates positively with anxiety and low-self-esteem suggesting that narcissism is a defence against adverse (non-sexual) object relations which on some occasions can become overwhelmingly disruptive.

All approaches to narcissism mentioned are based on a rather individualistic sense of self. Although there is a sense that without

narcissism there would be no ego, and without an ego there would be no self-regard and without self-regard, there would be no self-esteem, all these processes are never connected in a clearly intersubjective way. Furthermore, I have not explored how the narcissistic drive mechanism functions in relation to cultural and personal ideals of masculinity and femininity. Thus, we should consider narcissism in relation to (trans) people as the intermittent narcissistic drive mechanism that has as its measure in an ego ideal that is shaped by personal belief systems and gender performativity through the relationship with sociocultural aspects of the individual's life. This warrants a closer exploration of the insights Eric Erikson (1950) has brought to the notion of (narcissistic) self-esteem and life-experiences.

Transsexuals' Narcissistic Responses

Erikson (1950) offers a theory about childhood development through random coincidental experiences and of physical mastery and understandings of their cultural meanings. The process is seen as the individual's development of a sense of reality from the consciousness obtained through the mastering of an experience. The consciousness of the individual develops into a defined self within a social reality. Here, self is equated with the ego or rather ego-identity (1950), which is built-up through narcissistic experiences which could easily be attributed to the Transsexual phenomenon. I suggest the Transsexual's ego is sporadically confronted by the highly customised gender system, belief systems, and body, as Transsexuals do not fit with all three as they wish to. When relaying memories of childhood, "being different" and "knowing something was wrong" were frequently voiced in the narratives of the transpeople interviewed. These specific and widely recognisable Transgender discourses were devoid of much explanation at first. Colin stated: "[Throughout childhood] I guess I was just trying to figure out what it was; there was just something not right at all" (FtM Colin). Not offering any indication of why they were "different" or "felt wrong" suggests that unacknowledged sense-impressions, experiences, and situations gave rise to disidentification with themselves, with their prescribed social roles and bodies. The transwomen participants say this was most intense in early childhood from the age of 4 and the transmen suggested it was most intense during puberty. The feelings, expressed as "difference", offered by most of the respondents become clearer later in their accounts when they report feelings of incongruence between their sense of self, their body and (socially) ascribed gender role. These

processes ultimately lead to a re-orientation from their ascribed gender in an attempt to establish an understanding of culturally gendered expressions in relation to their bodies. These thought processes and bodily orientations then are moving from situations toward a "straightening" of thoughts (Ahmed, 2006) and towards securer sensations about their bodies and situations.

Transpeople often refer back to childhood experiences of cross-dressing and cross-gender identification which were pleasurable experiences. However, in order to avoid persecution for living a prohibited lifestyle Transsexuals attempt to pass in their ascribed gender to maintain a legitimate position in society.

> I just knew there was something wrong. I was cross-dressing in my grandmother's clothes. I was always more interested in clothes than other little boys. I was very envious of my girl cousins and I played with them at my grandmother's house and was far happier doing that than playing with boys. However, I was aware that that is not the way the game is played and I conformed. I am by nature a conformist; I am not a rebel. (MtF Jess)

Simultaneously transpeople internalise a stigmatised position which intermittently causes them "pain". Therefore, the mechanism to equilibrate the ego and thus self-esteem is required.

> It is one of those things that are a great frustration to you, and you know that you can not talk to anyone because you know that you just absorb social attitudes about boys and girls, and you know that you would be ridiculed. (MtF Claire)

This is not a sudden realisation but an ongoing process in which the ego is an "inner institution [that has] evolved to safeguard that order within individuals on which all outer order depends" (Erikson, 1950: 188). As Kohut remarks:

> Early narcissistic fantasies […have] not been opposed by sudden premature experiences of traumatic disappointment but [have] been gradually integrated into the ego's reality orientated organization. (Kohut, 1986: 70)

This problematises Stoller's (1985) notion that by working on the trauma the person can be "cured" as the ego has been working on and playing with these gender configurations for a greater length of time, trying to create some kind of order between the ego, body and personal and cultural ideas of masculinity and femininity. Ben illustrates this by stating:

> In terms of really realising around thirteen or fourteen when I was going through puberty then it became a very big issue and that is when I started to become depressed, but it wasn't until I was about sixteen before I started seeing a counsellor. I had seen counsellors in my childhood but it wasn't for that particular thing. So it was a long process in my head, for me, but for an outsider it was from about fifteen onwards. I started seeing counsellors for that and went to Charing Cross [GIC] at eighteen. (FtM Ben)

Erikson's (1950) theoretical focus is on child's play and how the games that are played by children are a function of the ego, in an attempt to synchronise the bodily and social processes with the self, however, the emphasis on play is arbitrary here. The theory can just as well be associated to the ego's need to master the various areas of life, and especially those areas in which the individual finds his or herself, his or her body, and his or her social roles deficient.

The disassociation the respondents felt often lessens over time, especially after feminisation or masculinising through hormone therapy and surgical procedures are undertaken. These interventions change the perceptions of the post-transition transpeople's discrepancy between their own body image and its recognition and acceptance by others in their new social and gender roles. Sometimes transpeople talk of a "re-birth" after surgery. This "re-birth" often requires the Transsexual to relearn new meanings of experiences in their new gender.

> So I think that is a renegotiating of the self and the difference between men and women isn't it? It is to do with women being in touch with their biology and the rhythms of the body because of things like menstruation, childbirth and masturbation and it's a different kind of rhythm. It is more about listening, more interactive. If you take that outside the sexual into the social and emotional and your identity it is about structuring that process of relearning how to please yourself, change what you do. That was really influential […] in some ways for me it was not about being soft and soppy but it is about learning a different way to be in this [transitioned] body. (MtF Jess)

This also requires a rebuilding of their self-esteem through the mastery of new experiences in their new gender. This was illustrated by Ben:

> I have more confidence each operation I have been through, but basically the [phalloplasty] one just gone has given me confidence yet again. When I look in the mirror I am a lot happier to see what I see. (FtM Ben)

As Erikson (1950) suggests, self-esteem grows to be an assurance that one is learning useful steps towards a tangible future. Recently Schrock, Reid and Boyd (2005) analysed the "bodywork" transwomen partake in through technical and aesthetic means and they suggest that in these cases transpeople construct bodies and fashion an image to conform to an ideal self which evokes feelings of "authenticity" (Rubin, 2003). Examples of these processes are body modification by way of hormones and surgery and feminising actions such as the way they walk, talk and dress. There are, however, trials and errors with this "bodywork." This research shows how Transsexuals' "bodywork" shapes feelings of "authenticity" but can also induce more ambiguous feelings in that their bodywork shaped more self-monitoring. Schrock et al.'s analysis took self-monitoring as leading to ambiguous feelings due to transwomen sometimes being self-conscious about their actions, movements and aesthetic, which left them, feeling inauthentic or unnatural. Another report suggests:

> Surgical procedures intended to reduce female or male features can reduce gender dysphoria, and are not intrinsically problematic (indeed, they are an important part of medical treatment for some transgender individuals). However, some transgender persons become obsessed with cosmetic procedures relating to discomfort with their general body image, internalized transphobia, or feelings of not being conventionally feminine/masculine, rather than gender dysphoria per se. (Bockting, Knudson, & Mira Goldberg, 2006: 30)

Reich (1986: 48) would perhaps describe this as:

> The need for narcissistic inflation [which] arises from a striving to overcome threats to one's bodily intactness […] defences are mobilized that permit a permanent conflict solution.

I understand this self-monitoring process as the primary narcissism mechanism being activated due to the object of love being unpleasurable, remembering that the object of love can be the self. Displeasure or feelings of unnaturalness psychically assail the ego resulting in a realisation that the body does not fit with the ego and actions do not fit with cultural expectations. At which point, and with what Leder (1990) refers to as a *telic command* (tending to a definite end), the narcissistic life-drive is activated which Erikson thinks is initiated as a function of the ego in an attempt to synchronize the body and ego and social situations and ego.

Through retrospective clarification of perceived masculinity and femininity, "projects of identity work" (Schrock, Reid, & Boyd, 2005) are then played about with as a testing ground for the development of a

gendered identity. The results of these perceptions manifest in changing style, aesthetics of the body and so forth. As I have argued, the ego is intermittently trying to equilibrate itself with outer cultural factors through the mechanism of narcissism and we are dependent upon that negotiation. In Allan Johnstone's (2005) book *The Gender Knot* he argues that when it comes to gender most of us follow the path of least resistance: we "go along to get along" allowing our actions to be partly or fully shaped by the binary gender system. In this sense, we may or may not agree with the gender system, but there are "praxiological constituents," which we inherit and pragmatically adopt in an effort to cope with the exigencies of each and every situation (Crossley, 1995). Moreover, it can be discerned from sexological literature on Transsexualism that Transsexuals are often actually pragmatic people working out what to do with the situations they are found to be in. In fact, and somewhat ironically, Transsexuals need to be psychologically coherent and stable (not pathological) in order for the *gender identity disorder* "diagnosis" and surgery to be approved at the gender clinic.

Conclusion

In this chapter I have attempted to reconstitute the concept of narcissism as an intermittent and positive mechanism which takes effect when the ego, body and personal and cultural ideals of masculinity and femininity are at odds. I have applied this concept to try to understand why transpeople consider and are sometimes compelled to trans-gender by means of hormonal and body modification practices. There is a drive or compulsion that sporadically integrates a mechanism when the person feels affronted, which I understand as narcissism, in an attempt to align the ego with body image and perceived cultural ideals. This situation is similar vein to how transmen and transwomen align their cultural ideals, body image and ego. This renders the transperson unremarkable in the sense that the aesthetic, technological and surgical steps undertaken by the transperson is no more pathological than any other person who creates an image aesthetically, or alters their body through technology and cosmetic procedures. It is simply a psychosomatic attempt to forge the ego, body image and perceived cultural demands (which is always contextual) in such a way as to have a tangible future.

In the work of Erikson (1950) and Rose (2002) we can see narcissism as a creative and positive life-drive which at different "stages" can encourage a stable ego from which we gain self-esteem. It was my intention to argue against the pathologisation of the Transsexual subject

and to add to our understanding of the psychosocial complexities of trans-gendering. My argument highlights the interrelational aspects of the Transsexual phenomenon. In so doing, suggest that the problem lies with the rigid two-sex system, and the related belief systems of those who adhere to it, with its fixed understandings of what masculinity and femininity can be.

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